

00862.022527



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Sanh D. Phu
SHUNJI ARAI)
: Group Art Unit: 2682
Application No.: 10/079,845)
:
Filed: February 22, 2002)
:
For: RADIO COMMUNICATION)
SYSTEM AND RECEPTION :
STATUS DISPLAY METHOD) August 24, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

SEP 01 2004

Technology Center 2600

AMENDMENT

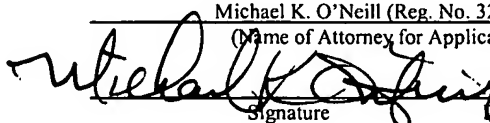
Sir:

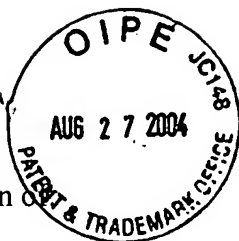
In response to the Office Action dated May 24, 2004, please amend the
above-identified application as follows.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on

August 24, 2004
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)


Signature Date of Signature
August 24, 2004



2682
41

In re Application of

Docket No. 00862.022527

SHUNJI ARAI

Application No.: 10/079,845

Examiner: Sanh D. Phu

Filed: February 22, 2002

Group Art Unit: 2682

For: RADIO COMMUNICATION
SYSTEM AND RECEPTION
STATUS DISPLAY METHOD

Date: August 24, 2004

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 4	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200